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(before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents,	mn A Column B
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of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents,	0.00 \$
and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u> </u>
Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$	
Ordinary and necessary operating expenses - \$ \$	
Net monthly income from a business, profession, or farm \$ 0.00 \$ Copy here \$ \$	
Net income from rental and other real property Gross receipts (before all deductions) Debtor 1 S Debtor 2	0.00 \$
Ordinary and necessary operating expenses - \$ \$	0.00 \$
Net monthly income from rental or other real property \$ 0.00 \$ here \$ \\$_\text{Interest, dividends, and royalties}	0.00 \$

Deb	or 1 TRAVIS BYAN WINES	1	Case number (if known)	20-300	33	
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	3	
8	Unemployment compensation		s 357.33	ę.		
	Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:	Ψ	Ψ	<u> </u>	8	
	For your spouse	\$				
	Pension or retirement income. Do not include any ame benefit under the Social Security Act. Also, except as stanot include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you retired under any provision of title 10 other than chapter 0. Income from all other sources not listed above. Spec	ated in the next sentence, do allowance paid by the the combat-related injury or es. If you received any retired ay only to the extent that it would otherwise be entitled if 61 of that title.	\$0.00	\$		
	Do not include any benefits received under the Social Soci	international or domestic owance paid by the United at-related injury or disability, o		¢		
			¢	φ		
	Total amounts from separate pages, if any.		φ + ş	+ \$		
	Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for Column	Column B.	\$_2,357.33	\$ 0.00	= \$\begin{align*} \ \\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
P	art 2. Determine whether the means rest app	ones to rou				
1	2. Calculate your current monthly income for the year. I	**				
	12a. Copy your total current monthly income from line 1	11	Cop	oy line 11 here	\$_2,357.33	
	Multiply by 12 (the number of months in a year).				x 12	
	12b. The result is your annual income for this part of the	e form,		12b.	\$ <u>28,287.9</u> 6	
1	3. Calculate the median family income that applies to yo	ou. Follow these steps:				
	Fill in the state in which you live.	Michigan				
	Fill in the number of people in your household.	1				
	Fill in the median family income for your state and size of	f household		13	\$ 54,909.00	
	To find a list of applicable median income amounts, go o instructions for this form. This list may also be available a	nline using the link specified in	the separate			
1	. How do the lines compare?					
	14a. ☑ Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Form	top of page 1, check box 1, 7, 122A-2	here is no presumption	of abuse.		

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

1	Travis First Name Middle	Ryan Name Last Name	Wines	Case number (if known) < 9 - 30 9 3 5
rt 3:	Sign Below			
	By signing here, I	declare under penalty of p	perjury that the information	on on this statement and in any attachments is true and correct.
	x S	3 00		_ ×
	Signature of Del	otor 1		Signature of Debtor 2
	Date 01/21/2 MM / DD	020 / YYYY		Date MM / DD / YYYY
	If you checked	line 14a, do NOT fill out o	or file Form 122A–2.	
	If you checked	line 14b, fill out Form 122	A–2 and file it with this f	form.